U S Department of Labor Office of Labor Management Standards Washington DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	
Constitution	LY BEFORE PREPARING THIS REPORT
MB ST	
QLMS OF	
1 File Number U 9/44	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name William L DeLoach	Name Communications Workers of America Local 3106
	Labor Organization File Number 038-004
PO Box Bidg Room No If any	P O Box Building and Room Number if any
Street 412 Coopers Cove Rd	Street 4076 Union Hall Place
	0.1.
City St Augustine	City Jacksonville
State Florida ZiP Code + 4 32095	State Florida ZIP Code + 4 32205
5 Position in labor organization	
President	
Enter appropriate data below if during the past fiscal year you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions)
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name BellSouth	Full time Union Officer - Meetings with BellSouth -Joint session for employee - company growth and
	relations
[relacions
Trade Name if any	relacions
	relations
P O Box Bldg Room No If any	7 b Amount
P O Box Bldg Room No If any	
PO Box Bldg Room No If any Street 675 W Peachtree St N W	7 b Amount
PO Box Bidg Room No If any Street 675 W Peachtree St N W City Atlanta State Georgia ZIP Code + 4 30375	7 b Amount \$2 400
PO Box Bldg Room No If any Street 675 W Peachtree St N W City Atlanta State Georgia ZIP Code + 4 30375 Signature and verification The undersigned declares under penalty of	7 b Amount \$2 400 See Attached Perjury and other applicable penalties of the law that all of the information lying documents) has been examined by the signatory and is to the best of the
PO Box Bidg Room No If any Street 675 W Peachtree St N W City Atlanta State Georgia ZIP Code + 4 30375 Signature and verification The undersigned declares under penalty of submitted in this preport (including the information contained in any accompan	7 b Amount \$2 400 See Attached Perjury and other applicable penalties of the law that all of the information lying documents) has been examined by the signatory and is to the best of the

Name of Person Filing William DeLoach		File Number U	
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the busines: rely seeking to represent or irectly to or otherwise	s	
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	9 Business deals with a Labor Organiza b Trust c Employer	ition	
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City ZIP Code + 4	11 a Nature of such deal 11 b Approximate dollar val 12 a Nature of interest he	ue of such dealing	
	12 b Amount		
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment		
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

								\$2,399 68	Grand Total
\$2,399 68	\$312 00	\$441 72	\$99 00		\$28 00	\$153 75 \$1,365 21	\$153 75		Sub Totals
	\$84 00	\$114 24	\$22 00			\$218 20	\$30 75	Atlanta GA	11/11,12/2004
								Small Business Meeting	
	\$76 00	\$114 24	\$22 00			\$188 20	\$30 75	Atlanta, GA	8/19,20/2004
								Small Business Meeting	:
	\$76 00	\$114 24	\$22 00			\$192 20	\$30 75	Atlanta, GA	6/7/2004
								Small Business Meeting	
			\$11 00			\$338 21	\$30 75	Atlanta, GA	5/20/2005
			•					BAPCO CCI Meeting	
	\$76 00		\$22 00			\$244 20	\$30 75	Meeting Atlanta, GA	5/6/2004
								Small Business Board	
		\$99 00			\$28 00	\$184 20		Meeting	3/2 3/2004
								BAPCO / CWA Dialogue	
TOTAL	PerDiem	Hotel	Parking	Tolls	Meals	Aırfaır	Mileage	Purpose	Date
GRAND									